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Legal name:						
Doing business as:						
Refund permit number (if claiman	nt has one):					
Federal Employer Identification N	lumber or Soc	cial Security Number:				
Claim period: Earliest invoice dat	e:	Last invo	Last invoice date:			
Mailing address:						
City:		State:	ZIP:			
Complete all columns for multi	ple claim or f	fuel types. Include additi	ional sheets, if necessary.			
	ersions 🗆	82 Casualty loss □	83 Special fuel blending error [			
			3c			
			4c			
5. Refund claimed	5a	5b	5c			
6. Total refund claimed	penalties of p	perjury or false certificate,	6			
6. Total refund claimed, the undersigned, declare under to the best of my knowledge and	penalties of p	perjury or false certificate, e, correct, and complete.	5c 6that I have examined this form, an			

## Tax rate per gallon

Fuel						
type number	Fuel type	7/1/16 to 6/30/17	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	Beginning 7/1/20
054	Liquefied Petroleum Gas (LPG)	\$0.300	\$0.300	\$0.300	\$0.300	\$0.300
065	Gasoline	\$0.307	\$0.305	\$0.307	\$0.305	\$0.300
079	Ethanol Blended Gasoline E-85	\$0.290	\$0.290	\$0.290	\$0.290	-
123	Alcohol	\$0.290	\$0.290	\$0.290	\$0.290	\$0.240
124	Ethanol Blended Gasoline E-10 to E-14	\$0.290	\$0.290	\$0.290	\$0.290	\$0.300
125	Aviation Gasoline	\$0.080	\$0.080	\$0.080	\$0.080	\$0.080
129	Ethanol Blended Gasoline E-15 or Higher	-	-	-	-	\$0.240
130	Aviation Jet	\$0.050	\$0.050	\$0.050	\$0.050	\$0.050
169	Diesel (including biodiesel B-10 and lower)	\$0.325	\$0.325	\$0.325	\$0.325	\$0.325
179	Biodiesel B-11 or Higher	\$0.295	\$0.295	\$0.295	\$0.295	\$0.301
224	Compressed Natural Gas (CNG)	\$0.310	\$0.310	\$0.310	\$0.310	\$0.310

## Instructions

This form is used to file refund claims for claim types: 81 Transport Diversions, 82 Casualty Loss, and 83 Special Fuel Blending Errors.

Refund claims may be filed any time after a \$60 minimum in refund amount has been accumulated. Once the \$60 minimum has been met, the claim for refund must be filed within three years of the invoice date.

**Note:** Casualty loss claims have special time limits related to both the filing of the claim and the notification of the loss. See form 82-011.

**Legal Name:** Enter the claimant's legal name.

**Refund Permit (if claimant has one):** Enter the refund permit number.

**Federal Employer ID Number or Social Security Number:** Enter your Federal Employer ID Number or Social Security Number.

**Claim Period:** Enter the dates of your earliest invoice and last invoice.

**Mailing address:** Enter the mailing address.

**Line 1:** Two-Digit Claim Type Number - Check the box corresponding to the type of claim you are filing. Check only one box.

- 81 Transport Diversions: Transport loads of motor fuel or undyed special fuel, which are sold tax-paid with an lowa destination and later diverted to a point outside the state. You must complete and include form 82-010 when filing this claim.
- 82 Casualty Loss: Fuel lost or destroyed through fire, explosion, lightning, flood, storm, or other casualty. You must complete and include form 82-011 when filing this claim.
- 83 Special Fuel Blending Errors: This type of claim is similar to a casualty loss in that it relates to contamination of undyed special fuel. If dyed special fuel is inadvertently blended with tax-paid undyed special fuel, to the extent that the undyed fuel must be converted to exempt dyed fuel by having additional dye added, the tax on the undyed special fuel is eligible for refund. You must complete and include form 82-011 when filing this claim.

**Note:** Copies of these forms can be obtained on the Department's website <u>tax.iowa.gov</u>.

**Line 2:** Three-Digit Fuel Type Number - Enter the three-digit number corresponding to the fuel type(s) represented in your claim. Refer to the Tax Rate per Gallon table on page 1.

**Line 3:** Total Gallons Claimed for Refund - Report the number of gallons less any distribution allowance, if applicable, given by the supplier. Distribution allowance received from your seller is usually 1.2% for motor fuel and 0.35% for special fuel.

Example: A distributor purchases 1,000 gallons of ethanol blended gasoline, but due to distribution allowance only pays tax on 988 gallons. Your total gallons claimed for refund would be 988 gallons.

- For Transport Diversions: Report the number of gallons shown on form 82-010 which reflects the number of gallons reported on the manifest for the shipment diverted.
- For Casualty Losses: Report the number of gallons from form 82-011 which represents the amount of fuel lost or destroyed.
- For Special Fuel Blending Errors: Report the number of tax-paid gallons contaminated by the inadvertent blend from form 82-011.

**Line 4:** Tax Rate for Fuel Type - Enter the corresponding tax rate for the period claimed. Refer to the table entitled Tax Rate per Fuel Type.

**Line 5:** Refund Claimed - Multiply the tax rate on line 4 by the number of gallons entered on line 3.

**Line 6:** Total Refund Claimed - Add the entries on line 5 for all columns and enter the total. If more than one page of this form is being submitted, enter the grand total on line 6 of the last page.

Sign and date this claim, and provide email address and phone number.

**To file claim electronically:** Sign up for our Secure File Exchange (SFE) program. To sign up for SFE, email: IDRMotorFuel@iowa.gov.

Or mail claim to: Fuel Tax Processing

Iowa Department of Revenue

PO Box 10465

Des Moines IA 50306-0465

## **Questions:**

Phone: 515-281-3114 or 800-367-3388

Email: IDRMotorFuel@lowa.gov